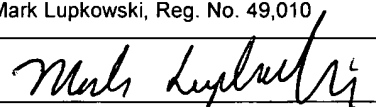
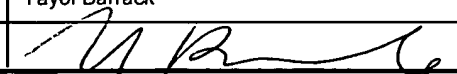
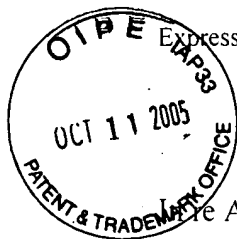


TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/966,036	
	Filing Date	September 28, 2001	
	First Named Inventor	Dorrie M. Happ	
	Group Art Unit	1618	
	Examiner Name	Blessing M. Fubara	
Total Number of Pages in This Submission (excluding references)	15	Attorney Docket Number	50623.132

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response To Office Action (9 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) (2 pages)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate)	<input type="checkbox"/> Statement of Common Ownership (1 page)
<input checked="" type="checkbox"/> Statement of Common Ownership (1 page)	<input type="checkbox"/> Fee Transmittal (1 page) (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input checked="" type="checkbox"/> Petition for Extension of Time (1 month) (in duplicate) (2 pages)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other
<input type="checkbox"/> Supplemental Information Disclosure Statement (pages) (in duplicate) with Form PTO-1449 (pages) citing References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 721 157 365 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Mark Lupkowski, Reg. No. 49,010
Signature	
Date	October 11, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:			
Typed or printed name	Yayoi Barrack		
Signature		Date	October 11, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Examiner: Blessing M. Fubara

Dorrie M. Happ

Serial No.: 09/966,036

Art Unit: 1618

Filed: September 28, 2001

Attorney's Docket Number: 50623.132

Title: A Medical Device Containing Light-Protected Therapeutic Agent And a Method For Fabricating The Same

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


STATEMENT OF COMMON OWNERSHIP

Dear Examiner Fubara:

At the time the invention of the current application (U.S. Serial Number 09/966,036) was made, the inventions of the current application and Wu et al. (U.S. Patent No. 6,656,506) were owned by, or subject to an obligation of assignment to, Advanced Cardiovascular Systems, Inc., a California corporation.

Date: October 11, 2005
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Respectfully submitted,


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